



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

**CRIMINAL INFORMATION SUMMARY**☐ ADDITIONAL PAGES

<b>TROOP / UNIT:</b> E		<b>OTHER INVOLVED AGENCY:</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
<b>DATE:</b> 10/7/04	<b>TIME:</b> 2100	<b>INVESTIGATING TROOPER / OFFICER:</b> Tpr. C. Fox #776	<b>DPS CASE NUMBER:</b> DPS04050223
<b>LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):</b> 26 Lacroix St., Sprague			
<b>SUMMARY OF INCIDENT OR AFFIDAVIT:</b> <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On the above stated date and time, the State Police were called to investigate a quantity of Marijuana. which was located on the property at the above stated location. As a result of said investigation the below listed accused were arrested and charged.			
<b>VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>	
		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b>	
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>	
		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b>	
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>	
		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b>	
<b>ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F		<b>DOB:</b>	
Roberts, Mark B.		10/28/64	
		<b>ADDRESS:</b> 186A Slater Hill Rd., Dayville, CT	
<b>CHARGES:</b> 1. Cult. of Marijuana 21a-277b 2. Poss. of Marijuana over 4oz 3. 21a-279b 4.		<b>COURT:</b> GA: 21  TOWN: Norwich  DATE: 10/8/04	
		<b>BOND:</b> <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 50,000 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
		<b>INJURED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>HOSPITAL:</b>	
<b>NAME:</b> <input type="checkbox"/> M <input checked="" type="checkbox"/> F		<b>DOB:</b>	
Martin, Sharon L.		11/02/63	
		<b>ADDRESS:</b> 186A Slater Hill Rd. Dayville, CT	
<b>CHARGES:</b> 1. Cult. Of marijuana 21a-227b 2. Poss. of Marijuana over 4oz 3. 21a-279b 4.		<b>COURT:</b> GA: 21  TOWN: Norwich  DATE: 10/08/04	
		<b>BOND:</b> <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 50,000 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
		<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>	
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>DOB:</b>	
		<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.		<b>COURT:</b> GA:  TOWN:  DATE:	
		<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
		<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>	
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>DOB:</b>	
		<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.		<b>COURT:</b> GA:  TOWN:  DATE:	
		<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
		<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>	
<b>SUPERVISOR'S APPROVAL REQUIRED: INITIALS:</b> <i>[Signature]</i> <b>ID #:</b> <i>282</i> <b>DATE:</b> 10-08-04			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			